

Congressman Ed Case

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CASEWORK RELEASE AND AUTHORIZATION FORM

To Whom It May Concern:	
I hereby authorize U.S. Representative Ed Cas	se to inquire about
which are contained in my personal files at	
and to receive information and copies of all ma Privacy Act, I hereby release my records to sai and for my benefit; and that I have specifically matters for me and authorize him to write letter	d Representative Case to use on my behalf asked Representative Case to pursue these
Signature	
Print Name	
Date	

Please send completed form to:

Congressman Ed Case 5104 Prince Kuhio Federal Building Honolulu, HI 96850 808-538-0233 (fax)

CASEWORK BACKGROUND INFORMATION

Name:	
Address:	
City: ST:	ZIP:
Daytime Phone:	Evening Phone:
Social Security Number:	Date of Birth:
Other ID Number (military, veterans, etc):	
Branch and Dates of Service (veterans and	d military cases only):
Summary of the Problem:	

Please send completed form to: Congressman Ed Case, 5104 Prince Kuhio Federal Building, Honolulu, HI

96850